STATEMENT OF

FORM 1	ORGANIZ (See instruct			Office use only
1. NAME OF COMMITTEE (in	(Check if name full) is changed)	Example: If typying, type over the lines	12FE4M5	Office ase only
Committee To	Reelect Congressman Chris S	mith		
ADDRESS (number and	P.O. Box 3184			
(Check if address is changed)				
	Hamilton		│ <mark>NJ</mark>	08619
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)				
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
 DATE M N N O 7 FEC IDENTIFICA IS THIS STATEM 	TION NUMBER	C C00096412 AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my ki	nowledge and belief it is true, corre	ect and complete	
Signature of Treasurer	Electronically Filed by Roldan I	Mary	Date 07	16 Y 2009
NOTE: Submission of fa	lse, erroneous, or incomplete information m	nay subject the person signing this	·	
Office Use Only		For further informa Federal Election Cor Toll Free 800-424-9	nmission 530	FEC FORM 1 (Revised 02/2009)